

**Department of Mental Health, Mental Retardation and Substance Abuse Services****Office of Mental Retardation****OBRA-87 INITIATIVE FUNDING for FY-2002****CONSUMER STATUS REPORT****I. IDENTIFICATION**

Date: \_\_\_\_\_ Name of Consumer: \_\_\_\_\_

CSB: \_\_\_\_\_ Nursing Facility: \_\_\_\_\_

**II. CASE MANAGEMENT**

1. Name of current Case Manager: \_\_\_\_\_  
Telephone: (        ) - \_\_\_\_\_
2. Indicate month/year when active Case Management services were initiated for the consumer: \_\_\_\_\_
3. Has a Case Management assessment of the consumer's needs, desires, and options for Specialized Services been completed/ updated?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has a plan of care (ISP) been developed which minimally addresses needed Specialized Services designated in the DMHMRSAS Resident Review?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does the consumer refuse Specialized Services?        Yes \_\_\_\_ No \_\_\_\_
6. Has the CSB determined the consumer cannot benefit from Specialized Services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**III. SPECIALIZED SERVICES**

1. Is a plan of care (ISP) being implemented, which minimally addresses needed Specialized Services designated in the DMHMRSAS Resident Review?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. If no, indicate month/year when it is anticipated that Specialized Services will begin:

---

2. If yes, indicate month/year when Specialized Services were initiated: \_\_\_\_\_

---

4. If yes, specify type(s) of services: \_\_\_\_\_

---

Specify frequency (hours per day/days per week \_\_\_\_\_

and unit cost \$ \_\_\_\_\_): Cost of services (FY-2002) \$ \_\_\_\_\_ annualized.

Specify the provider (agency/program): \_\_\_\_\_

---

5. List specialized equipment and/or items to be requested for the consumer in \_\_\_\_\_  
FY-2002. \_\_\_\_\_

---

**IV. Briefly note problems/issues (including difficulties experienced with the nursing facility). Explain CSB determination that consumer cannot benefit from SPECIALIZED SERVICES for persons being terminated from services. (If additional space is needed, complete on back of this page or attach separate page).**